



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	5	3	2	3	6
A. Name of Business, Municipality, Company, Etc. Requesting Permit <u>LAKELAND ARBOR APARTMENTS - UNITED CARE LLC - KY</u>									
B. Facility Name and Location <u>LAKELAND ARBOR Village</u>					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: <u>11</u>					Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>				
Facility Location Address (i.e. street, road, etc., not P.O. Box): <u>1125 Village Road</u>					Mailing Address:				
Facility Location City, State, Zip Code: <u>Benton, Ky. 42025</u>					Mailing City, State, Zip Code:				
D. Owner's name (if not the same as in part A and C): <u>DAU PINKOS</u>					Facility Contact Telephone Number:				
Owner's Mailing Address: <u>AS ABOVE</u>					Owner's Telephone Number (if different):				
II. FACILITY DESCRIPTION									
A. Provide a brief description of activities, products, etc: <u>Multiple unit H.U.D. Housing Complex</u>									
B. Standard Industrial Classification (SIC) Code and Description									
Principal SIC Code & Description:		<u>8092 Retirement Home</u>							
Other SIC Codes:									

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: <u>MARSHALL</u>	City where facility is located (if applicable):
C. Body of water receiving discharge: <u>Kentucky Lake</u>	
D. Facility Site Latitude (degrees, minutes, seconds): <u>N 36° 49.287'</u>	Facility Site Longitude (degrees, minutes, seconds): <u>W 88° 12.571'</u>
E. Method used to obtain latitude & longitude (see instructions): <u>Hand Held GPS UNIT</u>	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: <i>Leslie LAUDERS</i>	Telephone Number: <i>1-270-703-2954</i>
Operator Mailing Address (Street): <i>16491 Hwy. 68 EAST</i>	
Operator Mailing Address (City, State, Zip Code): <i>HARDIN, Ky. 42048</i>	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: <i>WWII</i>	Certification Number: <i>#10177</i>

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: <i>Ky 0053236</i>	Issue Date of Current Permit: <i>9-24-2004</i>	Expiration Date of Current Permit: <i>Feb. 28, 2009</i>
Number of Times Permit Reissued: <i>8</i>	Date of Original Permit Issuance: <i>8-8-1980</i>	Sludge Disposal Permit Number: <i>—</i>
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	<i>N/A</i>	
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)
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KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	<i>Leslie LAUDERS - system operator.</i>
DMR Official Telephone Number:	<i>1-270-703-2954</i>

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

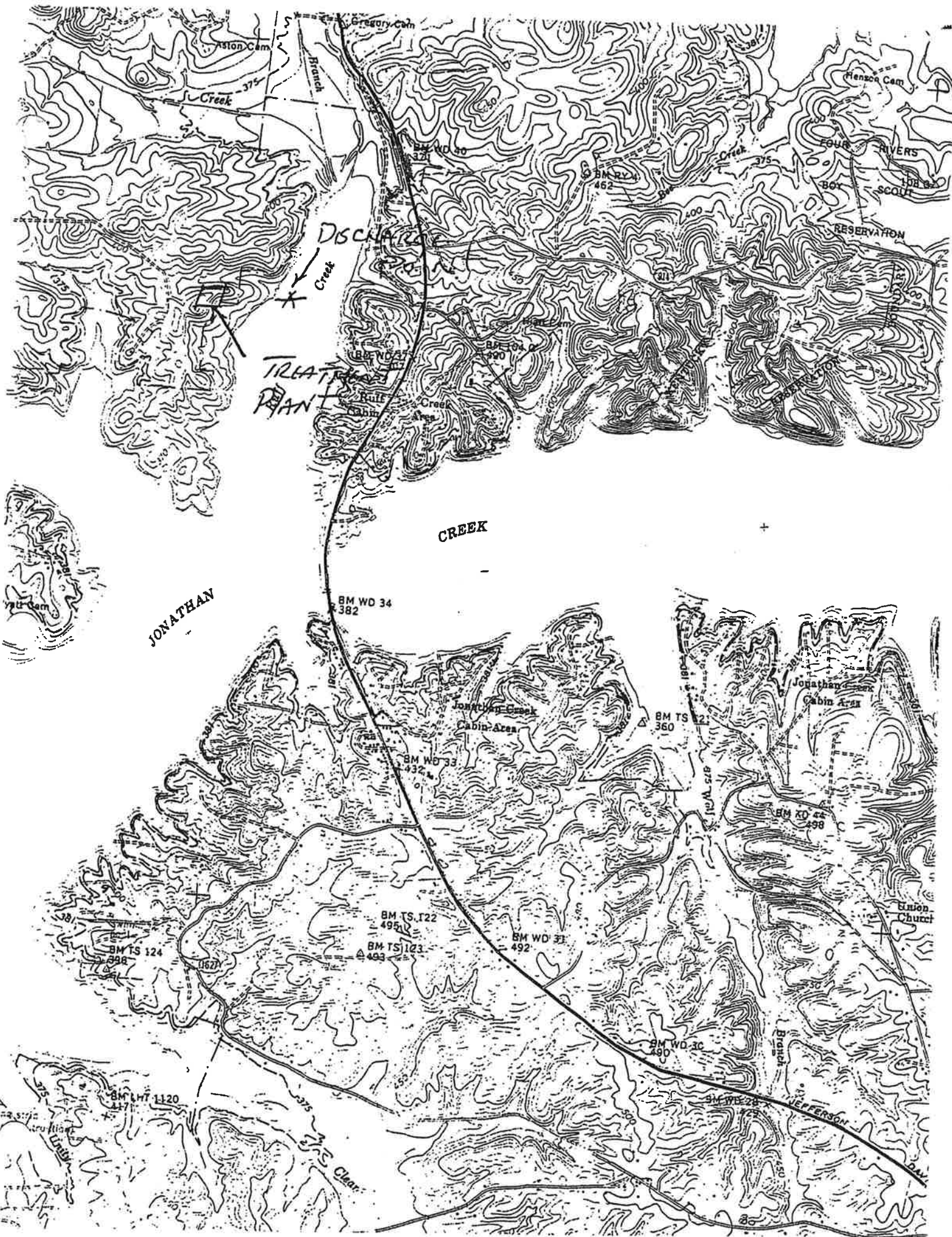
Facility Fee Category: <i>intermediate NON-PoTW</i>	Filing Fee Enclosed: <i>\$300.00</i>
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VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

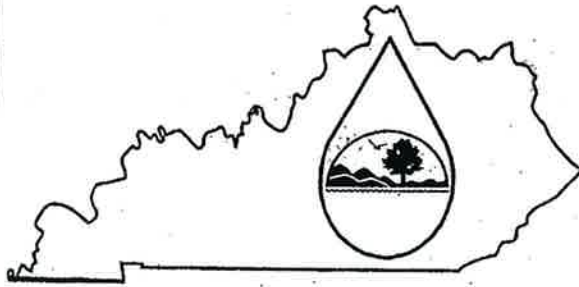
NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Leslie Laudeer</i>	TELEPHONE NUMBER (area code and number): <i>1-270-903-2954</i>
SIGNATURE 	DATE: <i>August 8, 2008</i>

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**



KPDES FORM SC

AI 2947

KENTUCKY POLLUTANT DISCHARGE
ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: LAKE LAND ARBOR - UNITED CARE LLC ^{ky}							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
				0 0 5 3 2 3 6			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				SEVEN (7)			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 300 MAXIMUM OCCUPANCY x 100 GPD PER OCCUPANT = 30,000 GPD MAX							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				0.03 MGD			
III. Outfall Location (see instructions)							
Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	48	57	-88	12	59	KY LAKE/TN RIVER
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				LORANCE HAND Held GPS unit			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001				
	RETIREMENT HOME	15,500	ACTIVATED SLUDGE	3-A
			SEDIMENTATION	1-4
			RAPID SAND FILTRATION	1-R
			CHLORINE DISINFECTION	2-F
			POST AERATION	3-L
			DISCHARGE ^{to} SURFACE WATER	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake: KENTUCKY LAKE
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

N/A

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

N/A

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
LAKELAND ARBOR VILLAGE	300 PERSONS
LAKELAND WESLEY VILLAGE	
TOTAL POPULATION SERVED	

2947

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

* Values reported by Leslie Landers over phone 11/12/2008 (testing by McCoy McCoy labs)

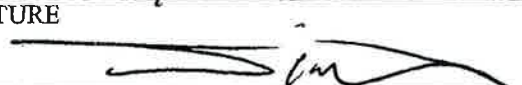
XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	30 mg/l	30 mg/l	4 P/month
TOTAL SUSPENDED SOLIDS	1.45	1.45	4 P/month
FECAL COLIFORM	> 600 <	> 600 <	4 P/month
TOTAL RESIDUAL CHLORINE	0.01 mg/l	0	4 P/month
OIL AND GREASE	< 2 mg/l	0	
CHEMICAL OXYGEN DEMAND	29 mg/l	0	
TOTAL ORGANIC CARBON	4.94 mg/l		
AMMONIA	< 0.12	< 0.12	4 P/month
DISCHARGE FLOW	0.0174	0.0174	4 P/month
PH	7.0	7.0	4 P/month
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

24/7/365

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): DAN PINKOS - owner	TELEPHONE NUMBER (area code and number): OFF: 270-354-6446 C 270-205-1763
SIGNATURE 	DATE 07/03/08